Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN4197HIC	A. BUILDING _____ B. WING _____	09/30/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEVADA HOME CARE	1868 DUTCHMAN STREET SPARKS, NV 89434

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 000	Initial Comments This Statement of Deficiencies was generated as a result of a State Licensure survey conducted in your facility on 9/30/10. This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The census at the time of the survey was three. Three resident files were reviewed and three employee files were reviewed. The following regulatory deficiencies were identified:	H 000		
H 030	Safety&Sanitation-Home Clean; Hazard Free NAC 449.15525 Requirements for safety and sanitation of facility. (NRS 449.249) 1. The interior and exterior of a home must be clean and free of hazards and offensive odors. This Regulation is not met as evidenced by: Based on observation on 9/30/10, the exterior of the home was not clean and free of hazards. There were piles of wooden boards, frames, broken old tables and various debris in the backyard.	H 030		
H 043	Records of Residents-Address Family&Physician	H 043		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H 043	Continued From page 1 NAC 449.15527 Agreement between operator of home and resident concerning rates; maintenance of records of residents. (NRS 449.249) The operator of a home shall: 2. Maintain a separate, organized file for each resident of the home and retain the file for 5 years after the resident permanently leaves the home. Each file must include: (b) The address and telephone number of the resident's physician and a person who is responsible for the resident. This Regulation is not met as evidenced by: Based on record review on 9/30/10, 2 of 3 resident files did not contain the address and telephone number of the resident's physician (Resident #1 and #2).	H 043		
H 044	Records of Residents-Copy of physical NAC 449.15527 Agreement between operator of home and resident concerning rates; maintenance of records of residents. (NRS 449.249) The operator of a home shall: 2. Maintain a separate, organized file for each resident of the home and retain the file for 5 years after the resident permanently leaves the home. Each file must include: (c) A copy of the results of a general physical examination of the resident conducted by his physician; and	H 044		

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H 044	Continued From page 2 This Regulation is not met as evidenced by: Based on record review on 9/30/10, the facility did not obtain a copy of a general physical examination conducted by a physician on 3 of 3 residents (Resident #1, #2 and #3).	H 044		
H 050	Tuberculosis-Employees NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment. 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of	H 050		

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H 050	Continued From page 3 good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis. 5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis. 6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. 7. A medical facility shall maintain surveillance of	H 050		

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H 050	Continued From page 4 employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis. (Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R084-06, 7-14-2006) This Regulation is not met as evidenced by: Based on record review on 9/30/10, the facility failed to ensure 3 of 3 employees complied with NAC 441A.380 regarding tuberculosis (TB) testing and pre-employment physical examination (Employee #1 - missing a two-step TB skin test and physical examination; Employee #2 - missing annual TB symptoms statement for 2009, 2010 and physical examination; Employee #3 - missing annual TB symptoms statement for 2009 and 2010).	H 050		
H 055	Tuberculosis-Residents NAC 441A.380 Admission of persons to certain medical facilities, facilities for the dependent or homes for individual residential care: Testing; respiratory isolation; medical treatment; counseling and preventive treatment; documentation. (NRS 441A.120) 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing or intermediate	H 055		

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H 055	Continued From page 5 care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility. 2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing or intermediate care shall: (a) Before admitting a person to the facility or home, determine if the person: (1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive; (3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis. (b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner. (c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the	H 055		

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H 055	Continued From page 6 facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis. 4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis. 5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home	H 055		

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H 055	Continued From page 7 keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFIB smears which were collected on separate days. 6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. 7. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person ' s medical record. (Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R084-06, 7-14-2006)	H 055		

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H 055	Continued From page 8 This Regulation is not met as evidenced by: Based on record review on 9/30/10, the facility failed to ensure 3 of 3 residents complied with NAC 441A.380 regarding tuberculosis (TB) testing (Resident #1 - missing second step of TB test, Resident #2 and #3 - missing a two-step TB skin test).	H 055		
H 065	Employee Background Check Requirements NRS 449.179 Initial and periodic investigations of criminal history of employee or independent contractor of certain agency, facility or home. 1. Except as otherwise provided in subsection 2, within 10 days after hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing, a residential facility for groups or a home for individual residential care shall: (a) Obtain a written statement from the employee or independent contractor stating whether he or she has been convicted of any crime listed in NRS 449.188. (b) Obtain an oral and written confirmation of the information contained in the written statement obtained pursuant to paragraph (a); (c) Obtain from the employee or independent contractor two sets of fingerprints and a written authorization to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and (d) Submit to the Central Repository for Nevada Records of Criminal History the fingerprints	H 065		

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H 065	Continued From page 9 obtained pursuant to paragraph (c). 2. The administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing, a residential facility for groups or a home for individual residential care is not required to obtain the information described in subsection 1 from an employee or independent contractor who provides proof that an investigation of his or her criminal history has been conducted by the Central Repository for Nevada Records of Criminal History within the immediately preceding 6 months and the investigation did not indicate that the employee or independent contractor had been convicted of any crime set forth in NRS 449.188. 3. The administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing, a residential facility for groups or a home for individual residential care shall ensure that the criminal history of each employee or independent contractor who works at the agency or facility is investigated at least once every 5 years. The administrator or person shall: (a) If the agency, facility or home does not have the fingerprints of the employee or independent contractor on file, obtain two sets of fingerprints from the employee or independent contractor; (b) Obtain written authorization from the employee or independent contractor to forward the fingerprints on file or obtained pursuant to paragraph (a) to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and	H 065		

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H 065	Continued From page 10 (c) Submit the fingerprints to the Central Repository for Nevada Records of Criminal History. 4. Upon receiving fingerprints submitted pursuant to this section, the Central Repository for Nevada Records of Criminal History shall determine whether the employee or independent contractor has been convicted of a crime listed in NRS 449.188 and immediately inform the Health Division and the administrator of, or the person licensed to operate, the agency, facility or home at which the person works whether the employee or independent contractor has been convicted of such a crime. 5. The Central Repository for Nevada Records of Criminal History may impose a fee upon an agency, a facility or a home that submits fingerprints pursuant to this section for the reasonable cost of the investigation. The agency, facility or home may recover from the employee or independent contractor not more than one-half of the fee imposed by the Central Repository. If the agency, facility or home requires the employee or independent contractor to pay for any part of the fee imposed by the Central Repository, it shall allow the employee or independent contractor to pay the amount through periodic payments. This Regulation is not met as evidenced by: Based on record review on 9/30/10, the facility failed to ensure 3 of 3 employees complied with	H 065		

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H 065	Continued From page 11 background check requirements per NRS 449.176 (Employee #1, #2 and #3 - missing FBI and State background check reports, copies of fingerprints and a signed criminal history statement).	H 065		
H 999	Final Comments This Regulation is not met as evidenced by: NRS 449.0105 " Home for individual residential care " defined. " Home for individual residential care " means a home in which a natural person furnishes food, shelter, assistance and limited supervision, for compensation, to not more than two persons with mental retardation or with disabilities or who are aged or infirm, unless the persons receiving those services are related within the third degree of consanguinity or affinity to the person providing those services. Based on interviews, record review and observations on 9/30/10, the facility had admitted three residents, which exceeded their licensing requirement. Finding include: Resident #1: The resident was admitted to the facility on 4/5/10. A Needs Assessment conducted on admission by the director indicated the resident needed protective supervision and assistance with bathing, walking outside, getting in and out of a vehicle. An Ultimate User Agreement authorizing the facility to possess and administer the resident's medications was signed by the resident and the facility director; however, Resident #1 did not take any medications. The record review further indicated a monthly rate for occupancy was $1,000.00/month. The director	H 999		

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H 999	Continued From page 12 admitted the resident needed supervision, transfer assistance and assistance with bathing. An interview with Resident #1 was conducted. The interview revealed that the resident needed assistance in the bathroom. The resident appeared confused at times during the interview. Resident #2: The resident was admitted to the facility on 10/2/09. A Needs Assessment conducted on admission by the director indicated the resident needed protective supervision and assistance with bathing, walking outside, getting in and out of a vehicle. An Ultimate User Agreement authorizing the facility to possess and administer the resident's medications was signed by the resident and the facility director; however, Resident #2 did not take any medications. The record review further indicated a monthly rate for occupancy of $1,000.00/month. The director admitted the resident needed supervision, transfer assistance and assistance with bathing. An interview with Resident #2 was conducted. The interview revealed that the resident needed assistance in the bathroom. The resident appeared confused at times during the interview. Resident #3: The resident was admitted to the facility on 12/11/05. A Needs Assessment conducted on admission by the director indicated the resident needed protective supervision and assistance with bathing and medications. An Ultimate User Agreement authorizing the facility to possess and administer the resident's medications was signed by the resident and the facility director on 12/11/05. A medication administration record (MAR) indicated caregivers administered medications daily. The record	H 999		

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H 999	Continued From page 13 review further indicated a monthly rate for occupancy of $1,800/month. The director admitted the resident needed supervision, bathing, dressing, toileting, oral care, transfer, ambulation, and medications. An interview with Resident #3 was conducted. The interview revealed that the resident needed assistance with bathing, dressing, toileting, oral care, transfer, ambulation, and medications. The resident was alert and oriented as to person, place and time. After review of residents records, observations, and interviews with employees and residents, it was determined that Residents #1, #2, and #3 all required assistance with activities of daily living. Resident #3 needed assistance with his medications. It was determined that the director of the facility had admitted three residents to a facility licensed for two, was over census since 4/5/10 and therefore was operating a Residential Facility for Groups without a license.	H 999		